County of San Bernardino Department of Behavioral Health

Procedures for Submission of Chart Documentation and Charge Data Invoices (CDIs)

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Purpose

To insure that all services provided are documented and CDIs are completed for each service provided at the Department of Behavioral Health (DBH) clinics.

Documentation Procedures

The Documentation procedures are as follows:

Documentation and accompanying <u>Charge Data Invoices (CDIs)</u> must be submitted to the designated clerk at each site within three (3) business days from the date of service. *No Exceptions.

The 446 code must be completed on every CDI submitted. The number of hours reported for the 446 code should be the same as the staff's paid hours at the respective reporting unit(s). If more than one CDI is submitted in a single day, the sum of the 446 time on all CDIs should equal the number of hours for which the staff is being paid on that day.

CDIs must be submitted for every day for which the staff are being paid. For paid days off (Leave or Holiday), a CDI should be submitted coding the appropriate administrative code <u>and</u> the 446 code for the amount of paid time off.

CDI submission and accuracy will be managed and monitored according to the attach flowchart at the end of this procedure. See *CDI* and *ID* Note Submission Flowchart below.

Staff Responsibilities

The following are staff responsibilities:

Staff	Responsibilities
Clinicians/Case Managers	Complete documentation and write the CDI, including 446 time.
	 Submit original chart notes with each CDI when it is submitted to the designated clerk.

County of San Bernardino Department of Behavioral Health

Staff	Responsibilities
Clerical Staff	Enter CDI information and insure that there is a
(designated at	progress note for each service claimed.
each site)	Stamp date of receipt on CDI.
,	Check CDI and ID Notes for compliance.
	Maintain a CDI Error Log of late submissions, CDI
£	coding errors, and documentation errors. An Excel
	based electronic error log will be supplied each
}	location to facilitate tracking.
	Notify the Clinic Supervisor (or designee) of each
	failure to meet standards.
	Input error-free or corrected CDIs into SIMON.
Clinic Supervisor	Receive CDIs and ID Notes with errors from clerk.
or designee	Initiate corrective action with responsible clinician/case
	manager to ensure accurate and timely data entry and
	chart documentation.
	Monitor CDI Error Log on a weekly basis to identify
	trends and/or recurring problems requiring further
	corrective action.
	 For repeated failures to comply with requirements,
	follow the disciplinary steps as outlined in the
	Personnel Guideline.
	Include continued non-compliance with standards and
	procedures in staff member's next Work Performance
	Evaluation (WPE).
	Report the results of the documentation checks to the
	Quality Improvement Coordinator via the Monthly
O. ralit.	Outpatient Reporting Guide.
Quality Management	During the quarterly outpatient documentation trainings. ON will train all clinical staff about the
Division (QM)	trainings, QM will train all clinical staff about the importance of creating, signing, and submitting a chart
Division (Qivi)	note for each billed service.
	When conducting audits and focused reviews at each
	DBH clinic, Quality Management reviewers will
	continue to emphasize the importance of creating,
	signing, and submitting a chart note for each billed
	service.
	Quality Management staff will meet quarterly with
	Clinic Supervisors to address this and other
	associated procedures.
Program	Responsible for monitoring DBH clinics' compliance with
Managers	this and other associated procedures.
Deputy Directors	Will monitor Program Manager' compliance with this
	and other associated procedures.

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CDI and ID Note Submission Flowchart

